## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Americas PAC	C C00559906
	O manus
Check if X 24-hour report 48-hour report New report X Amends report filed	on 07 / 15 / 2016
Full Name of Payee Alpha Media Salina	Date of Public Distribution/Dissemination
Mailing Address 131 N. Santa Fe	07 15 2016
3rd Floor	Amount
City State Zip Code	10530.00
Salina KS 67401	Transaction ID : SE.4592 Date of Disbursement or Obligation
Purpose of Expenditure Media Purchase  Category/ Type	07 / 12 / 2016
Name of Federal Candidate Support Office	Sought: <b>X</b> House District: 01
HUELSKAMP, TIMOTHY A REPRESENTA, , , Oppose Oppose	President Senate State: KS
Calendar Year-To-Date Per Election for Office Sought  Disbut 2016	orsement For:   ✓ Primary General  Other (specify)  ✓
Full Name of Payee	Date of Public Distribution/Dissemination
KBUF	07
Mailing Address 1402 E. Kansas Ave.	Amount
City State Zip Code	3120.00
Garden City KS 67846	Transaction ID : SE.4593 Date of Disbursement or Obligation
Purpose of Expenditure Media Purchase  Category/ Type	07 / D D / Y Y Y Y Y 13
Name of Federal Candidate Support Office	e Sought: X House District: 01
HUELSKAMP, TIMOTHY A REPRESENTA, , , Oppose	President Senate State: MO
Calendar Year-To-Date Per Election for Office Sought  Disbut 2016	ursement For:   Primary General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	13650.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
	Agh. Agh. Agh.
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Donelson, Tom, , , [Electronically Filed] Date 1	0 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	DIDENTIFICATION NUMBER ▼
Americas PAC			С	C00559906
Check if 24-hour report 4	8-hour report New report	ort X Amends report	filed on 07	/ 15 / Y Y Y Y Y Y Y Y
Full Name of Payee			Date of Pu	ublic Distribution/Dissemination
KINA-AM 910			07	/ D D / Y Y Y Y Y Y Y 15 2016
Mailing Address 1825 South Ohio			Amount	
City	State	Zip Code		3182.40
Salina	KS 67401			on ID : SE.4597 sbursement or Obligation
Purpose of Expenditure Media Purchase		Category/ Type	M - M 07	13 2016
Name of Federal Candidate		<b>x</b> Support	Office Sought:	<b>✗</b> House District:01
HUELSKAMP, TIMOTHY A REPR	RESENTA, , ,	Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Sougl	ht		Disbursement For	,
Full Name of Povos				(specify)
Full Name of Payee KWBW-AM 1450			Date of Pu	ublic Distribution/Dissemination  / DDD / YYYYY  15 2016
Mailing Address 825 Main Stre	et		Amount	
City	State	Zip Code		3845.40
Hutchenson	KS	67501		n ID : SE.4598 isbursement or Obligation
Purpose of Expenditure Media Purchase		Category/ Type	07	13 / 2016
Name of Federal Candidate		<b>x</b> Support	Office Sought:	₩ House District: 01
HUELSKAMP, TIMOTHY A REPR	RESENTA, , ,	Oppose	President	Senate State: KS
Calendar Year-To-Date Per Election for Office Soug	ht		Disbursement Fo 2016 Other	r: <b>X</b> Primary General (specify) ▶
(a) SUBTOTAL of Itemized Indepe	endent Expenditures		·	7027.80
(b) SUBTOTAL of Unitemized Inde	ependent Expenditures		<b>•</b>	7 7
(c) TOTAL Independent Expenditu	ires		<b>•</b>	7 1 7 1 7 1
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Donelson, Tom, , ,	[Electron	ically Filed] Date	10 3	2016
Signature				

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OF

## 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	PAGE 3 OF 3 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
Americas PAC	C C00559906		
Check if 24-hour report 48-hour report New report Amends report fi	iled on 07 15 2016		
Full Name of Payee Rocking M Media LLC	Date of Public Distribution/Dissemination  07 15 2016		
Mailing Address 1707 Thomas Circle	07 15 2016 Amount		
Suite A			
City State Zip Code  Manhattan KS 66502	State Zip Code 12175.00  KS 66502 Transaction ID: SE.4595 Date of Disbursement or Obligation		
Purpose of Expenditure Media Placement  Category/ Type	07 / 13 / 2016		
Name of Federal Candidate Support O	ffice Sought:   House District: 01		
HUELSKAMP, TIMOTHY A REPRESENTA, , , Oppose Oppose	President Senate State: KS		
Odichdal Ical to Date	isbursement For:   ✓ Primary General  Other (specify)   ✓		
Full Name of Payee Rocking M Media LLC	Date of Public Distribution/Dissemination		
Mailing Address 1707 Thomas Circle	07 15 2016  Amount		
Suite A			
City State Zip Code  Manhattan KS 66502	Transaction ID : SE.4596 Date of Disbursement or Obligation		
Purpose of Expenditure Media Purchae  Category/ Type	07 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
	ffice Sought:    House District: 01		
HUELSKAMP, TIMOTHY A REPRESENTA, , , Oppose	President Senate State: MO		
	isbursement For:  Primary General  Other (specify)   Other		
(a) SUBTOTAL of Itemized Independent Expenditures	29015.20		
(b) SUBTOTAL of Unitemized Independent Expenditures			
(c) TOTAL Independent Expenditures	49693.00		
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of ei party committee) any political party committee or its agent.			
Donelson, Tom, , , [Electronically Filed] Date	10 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Signature			